

September 18, 2004

Registration Form

	Phone#	
POS Sales Document Numb	r: (OFFICE USE ONLY)	
Individual Registration:	Age on Race Day Sex	
\$35 through 8/22	Address:	
\$45 8/23-9/5		
	T-shirt size (circle one) Medium Large Extra Large	
Team Registration:	Team Name	
\$90 through 8/22	Contact Address:	
\$110 8/23-9/5		
<u>Name</u>	Age on Race Day Sex T-shirt (M, L or XL)	

Return to: State Park Reservations, PO Box 1895, Richmond, VA 23218





September 18, 2004

WAIVER

I, the undersigned, waive and release myself, my heirs, executors and administrators, and assume the risk of physical injury or death from participating in said event, and waive all rights and claims for damages, demands and any other actions whatsoever, which I may have against the Commonwealth of Virginia, New River Trail State Park, all participating sponsors and supporters of those entities, successors, representatives, and assigns, arising out of my participating in this event. I certify that I am in proper physical condition to participate in this activity.

Printed Name		
	Date	
Signature		

